

Hawaii Epi Bulletin

HAWAII STATE DEPARTMENT OF HEALTH
DISEASE OUTBREAK CONTROL DIVISION

MAY 2016

Dengue, Zika, and Chikungunya



The mosquito-borne diseases dengue, Zika, and chikungunya are all transmitted by the same vector, mosquitoes of the *Aedes* genus. In Hawaii, *Aedes albopictus* and *Aedes aegypti* are both present; *A. albopictus* has been observed statewide and *A. aegypti* have been observed in some areas on the Big Island. Although none of these diseases are endemic in Hawaii, the presence of these mosquitoes means that our state is at risk for imported cases developing into outbreaks as we have seen with the recent dengue outbreak on the Big Island.

Big Island Dengue Outbreak

As of May 17, 2016, there have been 264 confirmed cases identified during the course of this outbreak. The most recent case of dengue fever related to the outbreak on the Big Island had an onset of March 17, 2016. HDOH has stepped down their outbreak response activity, however, they will continue to closely monitor for new imported and locally-acquired cases of dengue.

For more information on dengue fever, visit: [Dengue](#)

Zika and Chikungunya

There has been no local transmission of either Zika virus or chikungunya virus identified anywhere in Hawaii. As of May 17, 2016, there have been a total of 5 imported cases of Zika and 1 imported case of chikungunya identified in travelers in 2016

For more information visit: [Zika](#)

For more information visit: [Chikungunya](#)

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The decrease in the frequency of dengue cases associated with the outbreak on the Big Island does not mean that Hawaii can stop “fighting the bite”. There continues to be additional imported cases of dengue, chikungunya, and Zika and reducing mosquito breeding sites and encouraging good practices to protect oneself from mosquito exposures will help greatly reduce the risk that these imported cases spread within in the state when they are imported. Rapid reporting of suspect arboviral infections is crucial to preventing local disease transmission; healthcare providers should continue to report suspect cases to HDOH to assure coordination and routing of specimens for testing, as well as any necessary immediate public health response. Dengue, Zika, and chikungunya are all **URGENT CATEGORY NOTIFIABLE CONDITIONS** and should be reported by telephone as soon as a provisional diagnosis is established, followed by a written report submitted by mail or fax to HDOH within 3 days.



For more on how to “Fight the Bite”, go [here](#).

For more on mosquito-borne diseases, go [here](#).

Ebola no longer a “Global Health Emergency”



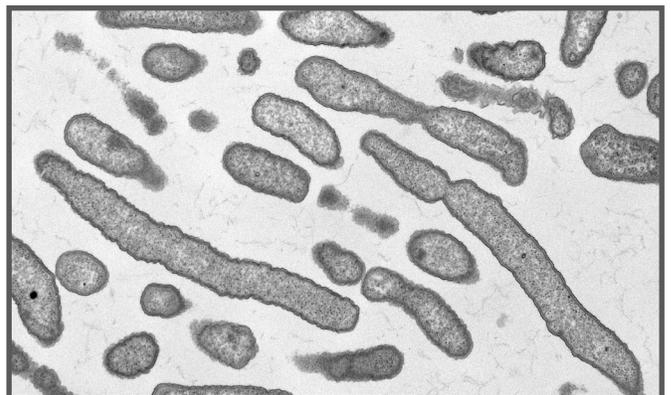
On March 29, 2016, at the meeting of the International Health Regulations Emergency Committee regarding Ebola virus disease (EVD) in West Africa, the World Health Organization (WHO) Director-General declared the end of the “Public Health Emergency of International Concern” stating that the EVD outbreak in West Africa is no longer a global health emergency. The decision to make the declaration was based on the fact that Guinea, Liberia, and Sierra Leone have all met the criteria for confirming the interruption of EVD transmission; all three countries have completed the 42-day observation period and additional 90-day enhanced surveillance period since their last case that was linked to the original chain of transmission twice tested negative. There may be sporadic cases seen in those countries, but WHO believes the risk of international spread is low and that the countries have the capacity to rapidly respond to those cases. The Director-General stressed that “a high level of vigilance and response capacity must be maintained to ensure the ability of the countries to prevent Ebola infections and to rapidly detect and respond to flare-ups in the future.”

Elizabethkingia Cases on the Mainland

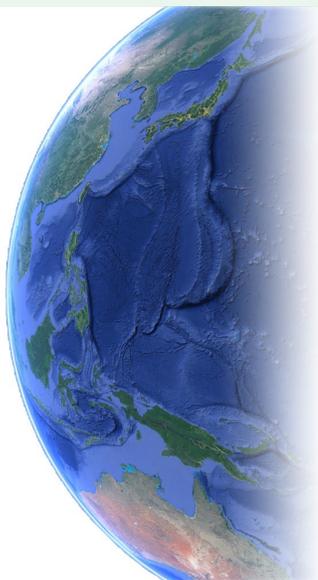
Elizabethkingia are a genus of bacteria widely distributed in nature. Bacteria in this genus have been documented in soil, water, and hospital settings. *Elizabethkingia meningoseptica* has been an emerging pathogen in healthcare facilities as an opportunistic pathogen with high rates of antibiotic resistance. In the last decade, there has been an increase of this heretofore uncommon Gram-negative bacilli in the nosocomial environment as a result of exposure to contaminated water sources or medical devices. However, illness due to other *Elizabethkingia* species has rarely been reported. The Wisconsin Department of Health Services, the Michigan Department of Health and Human Services, and the Illinois Department of Public Health have been working with the Centers for Disease Control and Prevention (CDC) in investigating *Elizabethkingia anophelis* outbreaks in the Midwest. The majority of the cases have been patients that are over 65 years-old with serious underlying health conditions. The infections have been primarily bloodstream infections, although, even though the bacterium are uncommon colonizers of the respiratory tract, some cases have had the bacterium isolated from the respiratory system and from normally sterile sites, such as joint spaces. Wisconsin set up statewide surveillance on January 5, 2016 after receiving notification of six potential *E. anophelis* cases from December 29, 2015 through January 4, 2016, and CDC issued a national call for cases on January 20, 2016. As of May 11, 2016, the number of confirmed cases in Wisconsin is 60; Michigan and Illinois have reported one case each. In total, there have been 18 deaths reported. The source of the bacteria has not been identified yet, but CDC is working with the Wisconsin, Michigan, and

Illinois health departments to identify the source and prevent further infections. Out of caution, a recommendation was issued to use contact precautions in addition to standard precautions for managing patients with *Elizabethkingia* infections.

E. anophelis is likely an underreported bacterium because it can be misidentified as *Elizabethkingia meningoseptica*, since both share a similar genetic profile. State clinical laboratories can characterize isolates using pulsed-field gel electrophoresis, however, confirmation of the *Elizabethkingia* genus is done through the mass spectrometry method MALDI-TOF (matrix-assisted laser desorption/ionization time-of-flight) and optical mapping of the bacterial genome, performed by the CDC’s Special Bacteriology Reference Laboratory.



Updates from the Pacific



Dengue in French Polynesia: There were 33 confirmed cases of dengue identified in French Polynesia for the week ending March 27, 2016. While dengue serotype 1 is in circulation, the numbers of identified cases is decreasing.

Zika in Kosrae: (As of March 24, 2016) Since active surveillance for Zika began on February 10, 2016, there has been 1 confirmed case and 16 suspected cases identified. Of the suspected cases, 11 are awaiting lab results and 5 have had negative PCR results.

Zika in the Marshall Islands: (As of April 20, 2016) An outbreak of Zika was identified in the Republic of the Marshall Islands (RMI) after a report of an ill traveler in November 2015 who had spent 3 weeks in the city of Majuro. Active surveillance for Zika started on January 29, 2016 and has identified a total of 34 individuals that meet case definition. Two cases, including the index case, have been confirmed.

In 2016, Zika cases have been reported in American Samoa, Fiji, Federated States of Micronesia (Kosrae State), Samoa, and Marshall Islands.

HDOH Hawaii Health Care Provider Disease Reporting Categories

Confidential

Infections/diseases which may carry a social stigma are to be reported with extra precautions to assure patient confidentiality. Reports are to be submitted within three working days of diagnosis.

Urgent

Diseases or conditions that are suspicious or presenting with novel symptoms that may or may not be part of a known disease or disease complex, labeled “urgent” shall be **reported by telephone as soon as a provisional diagnosis is established.**

The telephone report shall be followed by a written report submitted by mail or fax within three days to the Disease Outbreak Control Division, Disease Investigation Branch on Oahu or to the District Health Office on the neighbor islands.

Routine

Diseases labeled “routine” shall be reported by mail, by telephone, or fax to the Disease Outbreak Control division, Disease Investigation Branch on Oahu or to the District Health Office on the neighbor islands.

Routine/Enteric (enteric prevention priority)

Diseases labeled “routine—enteric prevention priority” shall be reported by telephone as soon as a working diagnosis is established if the individual case is a food handler, direct care provider, or pre-school-aged child. Otherwise, routine reports may be submitted.

Outbreak Reports

Any disease shall be reported by telephone when observed to occur clearly in excess of normal expectancy as determined by the healthcare provider or the Director of Health. The telephone report shall be followed by a written report submitted by mail or fax within three days to the Disease Outbreak Control Division, on Oahu or to the District Health Office on the neighbor islands.

HDOH Telephone Numbers

Oahu (Disease Investigation Branch)
(808) 586-4586

Maui District Health Office
(808) 984-8213

Kauai District Health Office
(808) 241-3563

Big Island DHO (Hilo)
(808) 933-0912

Big Island DHO (Kona)
(808) 322-4877

After hours (Oahu)
(808) 566-5049

After hours (Neighbor islands)
(808) 360-2575